

# CHIEF, OT SECTION DEPLOYS

*By LTC Mary Altena, IMA, Chief, OT Section*

COL Cozean deployed as a member of a Mental Health Advisory Team on Sunday, August 17 to prepare to deploy to Iraq. There are actually two teams who plan to visit AMEDD units to assess how their mission is going. Current plans are for her to be gone for 6-8 weeks. She hopes to have the opportunity to visit with all of the AMSC staff that are currently involved in Operation Iraqi Freedom. Her agenda is not complete at this time however she does plan to keep in touch via email.

I would like to take a moment to describe my duties as the IMA to COL Cozean and update you on the status of OTs in the reserve component

As an IMA (Individual Mobilization Augmentee) I act as a liaison between the active component and the reserve component of the Occupational Therapist Section. I drill for retirement points only during the year from my home in Watertown, NY and come on active duty for 12 days to complete my annual training (AT) usually at Ft. Sam Houston. As part of my duties, I work on special projects that COL Cozean assigns. My main focus so far has been to identify and locate all of the OT reservists that are in the Army and locate where in the 11 Regional Support Commands (RSC) there are billets or slots for OT reservists to be a member of a unit to perform their monthly drills and annual training. I have no authority to grant funding or write orders. My position is to provide information and guidance to the OT reservists and COL Cozean.

Currently in the USAR Ready Reserve, which is made up of reservists in Troop Program Units (TPU), IMAs and Individual Ready Reserve (IRR), there are authorizations for 94 soldiers with a current inventory of 144 soldiers. Troop Program Units are your typical reserve units where a soldier has funding for attending monthly drills and 14 days annual training. IMA positions usually receive no pay for drills and only retirement points are earned for monthly drills however their AT time is funded. There are a few paid drilling IMA (DIMA) positions. An IMA may be assigned to a specific command, region or medical clinic to help on special projects or provide direct patient care. IRR soldiers are usually soldiers who are in transition due to short-term assignments or transferring from one assignment to another. In the IRR, if funding is available, a soldier can attend 12 days of annual training or be attached to a TPU for points only, no pay.

I am collecting personnel data on the 144 "inventory" reservist plus a few more reservists who have retired but would like to be kept informed. I have also been keeping track of the reservists who have been deployed. Currently there are 17 OT reservists who have been deployed to either back fill for an OT clinic, a Regional Readiness Command (RRC) or gone with CSC units to Iraq. Most of the reservists were deployed in February of this year and are still on assignment.

There are about 50-60 reserve units TPUs through out the US. Another program a reservist can be assigned to is the NAAD-National AMEDD Augmentation Detachment. NAAD headquarters is located in Atlanta, GA. If a reservist lives more than 50 miles or 1 ½ hour drive from a unit, a soldier through the NAAD can be assigned to any TPU in CONUS. A soldier attached to a NAAD participates in pay and retirement points as they perform their training and duties.

Over the past 8 months I have received request from the active component OT clinics requesting reservists to back fill due to staff shortages. There are reservists who are very interested in helping out. The biggest constraint has been funding and time to get orders. If OT clinic knows you are going to have a short-term vacancy of 12-29 days and you can get funding from your medical center, reservist would be more available to help out. It would be more cost effective to place a reservist on orders than to draw up a contract to hire a civilian OT.

A reservist usually completes 12-14 days of annual training (AT) per year with some special assignments up to 29 days. Reservists can request from their unit command an alternate annual training with approval coming from that unit's commander. Soldiers in a TPU and NAAD usually complete their AT with their unit and funding again comes from that TPU or NAAD. Soldiers in the IRR can complete annual training if funding is available from ARPERSCOM. AT funding for TPU or NAAD soldiers comes from ARPERSCOM or MEDCOM depending where they are assigned. When I receive a request from an OT clinic, I send out an email to the reservist announcing the request. Unusually soldiers in IMA or IRR positions have been my source to fill some of the OT clinic requests.

Besides funding constraints there is also a time constraint. In order to help active component OT clinics to fill staff shortages, reservists need up to 180 days for their unit to write orders. Soldiers in an IMA or IRR slot may be able to get orders from ARPERSCOM or MEDCOM in a shorter amount of time. Usually 90 days is the required request time for ARPERSCOM and MEDCOM. If OT Chief's clinics know of a need for reservists, please give enough notice and try to seek funding from your medical center. You can send your request to me at [mary.altena@amedd.army.mil](mailto:mary.altena@amedd.army.mil). Again, I will work hard to help you fill short-term vacancies, but my "authority" and funding is limited. I look forward to continue to network with the OTs both in the active and reserve components.